DHCS

Office of HIPAA Compliance

California Department of Health Care Services

Short Doyle/Medi-Cal Phase II

Companion Guide
DMH - ADP - 276

Version: 1.2.1
Date: 09/10/08

TRINITY
TECHNOLOGY GROUP

Versioning, History

Version	Author	Date	Loop	Segment	Element	Change Made
1.2.1	Deepa Pochiraju	09/10/08				Purpose revised
1.2.1	Deepa Pochiraju	09/10/08		GS – Functional Group Header	GS03 – Application Receiver's Code	Revised values for GS03 to be consistent with other ADP and DMH guides
1.2.1	Deepa Pochiraju	09/10/08		BHT – Beginning of Hierarchical Transaction		Removed irrelevant semantic note
1.2.1	Deepa Pochiraju	09/10/08	2100A – Payer Name			Corrected DMH example
1.2.1	Deepa Pochiraju	09/10/08	2100A – Payer Name	NM1 – Payer Name	NM103 – Name Last or Organization Name	Corrected typo in the notes.
1.2.1	Deepa Pochiraju	09/10/08	2100A – Payer Name	NM1 – Payer Name		Corrected DMH example
1.2.1	Deepa Pochiraju	09/10/08	2100B – Information Receiver Name	NM1 – Information Receiver Name	NM108 and NM109	Removed non-NPI option for NM108 and NM109
1.2.1	Deepa Pochiraju	09/10/08	2100C – Provider Name			Changed "ADP" to "SD/MC" in the notes.
1.2.1	Deepa Pochiraju	09/10/08	2100C – Provider Name	NM1 – Provider Name		Changed "ADP" to "SD/MC" in the notes.

Version	Author	Date	Loop	Segment	Element	Change Made
1.2.1	Deepa Pochiraju	09/10/08	2000D – Subscriber Level	DMG – Subscriber Demographic Information		Deleted irrelevant portion of the notes.
1.2.1	Deepa Pochiraju	09/10/08	2200D – Claim Submitter Trace Number	AMT – Claim Submitted Charges		Changed "ADP" to "SD/MC" in the notes.
1.2.1	Deepa Pochiraju	09/10/08	2200D – Claim Submitter Trace Number	DTP – Claim Service Date		Changed "ADP" to "SD/MC" in the notes.
1.2.2	Deepa Pochiraju	10/27/08	2100D – Subscriber Name	NM1 – Subscriber Name	NM106 – Name Prefix	Changed the usage to 'Situational'.
1.2.2	Deepa Pochiraju	10/27/08	-	-	-	Textual changes from DMH incorporated.

TRINITY
TECHNOLOGY GROUP

Table of Contents

276   Health Care Claim Status Request

Functional Group=HR

Purpose: The purpose of this companion guide is to provide the information necessary to submit a claim status request and receive a claim status response electronically from ADP or DMH. The 276 transaction is used as a request for claim status and the 277 as a response to that request. This companion guide is to be used in conjunction with the ANSI X12N 276/277 Health Care Claim Status Request and Response Transactions Implementation Guides (IGs). They are commonly called Implementation Guides (IGs) and are referred to as IGs throughout this document. The companion guide supplements, but does not contradict or replace any requirements in the IGs or ADP or DMH regulations, Letters, and Notices. This transaction set is not intended to replace the Health Care Claim Transaction Set (837), but rather to occur after the receipt of a claim or encounter information. The request may occur at the summary or service line detail level.

Not Defined:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
	ISA	Interchange Control Header	M	1			Required
	GS	Functional Group Header	M	1			Required

Heading:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
010	ST	Transaction Set Header	M	1			Required
020	BHT	Beginning of Hierarchical Transaction	M	1			Required

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
LOOP ID - 2000A					>1		
010	HL	Information Source Level	M	1			Required
LOOP ID - 2100A					>1		
050	NM1	Payer Name	O	1			Required
LOOP ID - 2000B					>1		
010	HL	Information Receiver Level	M	1			Required
LOOP ID - 2100B					>1		
050	NM1	Information Receiver Name	O	1			Required
LOOP ID - 2000C					>1		
010	HL	Service Provider Level	M	1			Required
LOOP ID - 2100C					>1		
050	NM1	Provider Name	O	1			Required
LOOP ID - 2000D					>1		
010	HL	Subscriber Level	M	1			Required
040	DMG	Subscriber Demographic Information	O	1		N2/040	Situational
LOOP ID - 2100D					1		
050	NM1	Subscriber Name	O	1			Required
LOOP ID - 2200D					>1		
090	TRN	Claim Submitter Trace Number	O	1			Required
100	REF	Payer Claim Identification Number	O	1			Situational
100	REF	Institutional Bill Type	O	1			Situational

TRINITY
TECHNOLOGY GROUP

		Identification					
100	REF	Medical Record Identification	O	1			Situational
110	AMT	Claim Submitted Charges	O	1			Situational
120	DTP	Claim Service Date	O	1			Situational
160	SE	Transaction Set Trailer	M	1			Required

Not Defined:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
	GE	Functional Group Trailer	M	1			Required
	IEA	Interchange Control Trailer	M	1			Required

Notes:

2/040   The DMG segment may only appear at the Subscriber (HL03=22) or Dependent (HL03=23) level.

ISA   Interchange Control Header

Pos: **Max: 1**
Not Defined - Mandatory
Loop: N/A   **Elements: 16**

User Option (Usage): Required
Purpose: To start and identify an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA01	I01	**Authorization Information Qualifier**	M	ID	2/2	Required

Description: Code to identify the type of information in the Authorization Information

Code	Name
00	No Authorization Information Present (No Meaningful Information in I02)

ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF ADDITIONAL IDENTIFICATION.

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA02	I02	**Authorization Information**	M	AN	10/10	Required

Description: Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)
Valid values: 10 Blanks

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA03	I03	**Security Information Qualifier**	M	ID	2/2	Required

Description: Code to identify the type of information in the Security Information

Code	Name
00	No Security Information Present (No Meaningful Information in I04)

ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF PASSWORD DATA.

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA04	I04	**Security Information**	M	AN	10/10	Required

Description: This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)
Valid values: 10 Blanks

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA05	I05	**Interchange ID Qualifier**	M	ID	2/2	Required

Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified

Code	Name
ZZ	Mutually Defined

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA06	I06	**Interchange Sender ID**	M	AN	15/15	Required

Description: Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element
Valid Format (Specific values defined in Trading Partner Agreements)"
For County: C + County Code + 12 Zeroes,
For Direct Providers: E + EIN + 5 Zeroes
Examples: C59000000000000, E92345678900000

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA07	I05	**Interchange ID Qualifier**	M	ID	2/2	Required

Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified

		Code	**Name**				
		ZZ	Mutually Defined				
ISA08	I07	**Interchange Receiver ID**		M	AN	15/15	Required

Description: Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them
This field has to be SDMCPHASETWODMH if the payer is DMH or SDMCPHASETWOADP if the payer is ADP.

ISA09	I08	**Interchange Date**		M	DT	6/6	Required

Description: Date of the interchange
The date format is YYMMDD.
The date on which 276 is created.

ISA10	I09	**Interchange Time**		M	TM	4/4	Required

Description: Time of the interchange
The time format is HHMM.
The time at which 276 is created.

ISA11	I10	**Interchange Control Standards Identifier**	M	ID	1/1	Required

Description: Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer
All valid standard codes are used.

ISA12	I11	**Interchange Control Version Number**		M	ID	5/5	Required

Description: Code specifying the version number of the interchange control segments

Code	**Name**
00401	Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997

ISA13	I12	**Interchange Control Number**		M	N0	9/9	Required

Description: A control number assigned by the interchange sender
The Interchange Control Number (ISA13) is created by the Sender and must have the same value as in the Interchange Trailer (IEA02). It must be 9 numeric characters (e.g., 123456789).

ISA14	I13	**Acknowledgment Requested**		M	ID	1/1	Required

Description: Code sent by the sender to request an interchange acknowledgment (TA1)

Code	**Name**
0	No Acknowledgment Requested

ISA15	I14	**Usage Indicator**		M	ID	1/1	Required

Description: Code to indicate whether data enclosed by this interchange envelope is test, production or information

Code	**Name**
P	Production Data
T	Test Data

ISA16	I15	**Component Element Separator**		M		1/1	Required

Description: Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator
The component element separator is a delimiter and not a data element. It is used with composite data elements such as CLM05.
Valid values - Colon (:)

Notes:

The ISA is a fixed record length segment and all positions within each of the data elements must be filled. The first element separator defines the element separator to be used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange. Spaces in the example are represented by '.' for clarity.

Delimiters are specified in the Interchange Header Segment.
The values are as follows:
* Asterisk Data Element Separator
: Colon Sub element Separator
~ Tilde Segment Terminator

Example:

ISA*00*   *00*
*ZZ*C59000000000000*ZZ*SDMCPHASETWODMH*061010*1113*U*00401*000000173*0*P*:~

GS   Functional Group Header

<table>
<tr><td>Pos:</td><td>Max: 1</td></tr>
<tr><td colspan="2">Not Defined - Mandatory</td></tr>
<tr><td>Loop: N/A</td><td>Elements: 8</td></tr>
</table>

User Option (Usage): Required
Purpose: To indicate the beginning of a functional group and to provide control information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GS01	479	**Functional Identifier Code**	M	ID	2/2	Required

Description: Code identifying a group of application related transaction sets

Code	Name
HR	Health Care Claim Status Request (276)

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GS02	142	**Application Sender's Code**	M	AN	2/15	Required

Description: Code identifying party sending transmission; codes agreed to by trading partners
Valid Format (Specific values defined in Trading Partner Agreements)" Code identifying party sending transmission; codes agreed to by Trading Partners
For County: C + County Code + 12 Zeroes,
For Direct Providers: E + EIN + 5 Zeroes
Examples: C59000000000000, E12345678900000

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GS03	124	**Application Receiver's Code**	M	AN	2/15	Required

Description: Code identifying party receiving transmission; codes agreed to by trading partners
Use this code to identify the unit receiving the information.
This field has to be SDMCPHASETWODMH if the payer is DMH or SDMCPHASETWOADP if the payer is ADP.

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GS04	373	**Date**	M	DT	8/8	Required

Description: Date expressed as CCYYMMDD
Date - CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GS05	337	**Time**	M	TM	4/8	Required

Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)
Time - HHMMSS

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GS06	28	**Group Control Number**	M	N0	1/9	Required

Description: Assigned number originated and maintained by the sender
Group Control Number Must match GE02. It has to unique within ISA segment.

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GS07	455	**Responsible Agency Code**	M	ID	1/2	Required

Description: Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480

Code	Name
X	Accredited Standards Committee X12

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GS08	480	**Version / Release / Industry Identifier Code**	M	AN	1/12	Required

Description: Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS

segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed

Code	Name
004010X093 A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.

Semantics:

1. GS04 is the group date. Use this date for the functional group creation date.
2. GS05 is the group time. Use this for the functional group creation time.
3. The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.

Comments:

1. A functional group of related transaction sets, within the scope of X12 standards, consists of a collection of similar transaction sets enclosed by a functional group header and a functional group trailer.

Notes:

The functional group header used for the 276 is HR.

Example:

GS*HR*C59000000000000*SDMCPHASETWOADP*20020606*105531*5*X*004010X093A1~

ST Transaction Set Header

User Option (Usage): Required
Purpose: To indicate the start of a transaction set and to assign a control number

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ST01	143	**Transaction Set Identifier Code**	M	ID	3/3	Required

Description: Code uniquely identifying a Transaction Set

Code	Name
276	Health Care Claim Status Request

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ST02	329	**Transaction Set Control Number**	M	AN	4/9	Required

Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set
The value in ST02 must be identical to SE02.

Semantics:

1. The transaction set identifier (ST01) used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).

Notes:

This segment begins the transaction set and identifies a control number

Example:

*ST*276*0001~*

BHT Beginning of Hierarchical Transaction

Pos: 020 **Max: 1**
Heading - Mandatory
Loop: N/A **Elements: 3**

User Option (Usage): Required
Purpose: To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
BHT01	1005	**Hierarchical Structure Code**	M	ID	4/4	Required

Description: Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set

Code	Name
0010	Information Source, Information Receiver, Provider of Service, Subscriber, Dependent

Ref	Id	Element Name	Req	Type	Min/Max	Usage
BHT02	353	**Transaction Set Purpose Code**	M	ID	2/2	Required

Description: Code identifying purpose of transaction set

Code	Name
13	Request

Ref	Id	Element Name	Req	Type	Min/Max	Usage
BHT04	373	**Date**	O	DT	8/8	Required

Description: Date expressed as CCYYMMDD
Industry: *Transaction Set Creation Date*

Semantics:

1. BHT04 is the date the transaction was created within the business application system.

Notes:

To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number and date

Example:

*BHT*0010*13**20061220~*

Loop Information Source Level

Pos: 010	Repeat: >1
	Mandatory
Loop: 2000A	Elements: N/A

User Option (Usage): Required
Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

Loop Summary:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
010	HL	Information Source Level	M	1		Required
050		Loop 2100A	O		>1	Required

HL   Information Source Level

Pos: 010	**Max: 1**
Detail - Mandatory	
Loop: 2000A	**Elements: 3**

User Option (Usage): Required
Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HL01	628	**Hierarchical ID Number**	M	AN	1/12	Required

Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure
Must begin with the number 1 and increment by one each time an HL is used.

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HL03	735	**Hierarchical Level Code**	M	ID	1/2	Required

Description: Code defining the characteristic of a level in a hierarchical structure
Code defining the characteristic of a level in a hierarchical structure.

Code	Name
20	Information Source

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HL04	736	**Hierarchical Child Code**	O	ID	1/1	Required

Description: Code indicating if there are hierarchical child data segments subordinate to the level being described
Code indicating if there are hierarchical child data segments subordinate to the level being described.

Code	Name
1	Additional Subordinate HL Data Segment in This Hierarchical Structure.

Comments:

1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
2. The HL segment defines a top-down/left-right ordered structure.
3. HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
4. HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
5. HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Notes:

This segment identifies the information source hierarchical level.

Example:

*HL*1**20*1~*

Loop Payer Name

Pos: 050	Repeat: >1
Optional	
Loop: 2100A	Elements: N/A

User Option (Usage): Required
Purpose: To supply the full name of an individual or organizational entity

Loop Summary:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
050	NM1	Payer Name	O	1		Required

NM1   Payer Name

<div style="border:1px solid">

Pos: 050   **Max: 1**
      Detail - Optional

Loop: 2100A   **Elements: 5**

</div>

User Option (Usage): Required
Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required

Description: Code identifying an organizational entity, a physical location, property or an individual

Code	Name
PR	Payer

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required

Description: Code qualifying the type of entity

Code	Name
2	Non-Person Entity

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM103	1035	**Name Last or Organization Name**	O	AN	1/35	Required

Description: Individual last name or organizational name
Industry: *Payer Name*
This data element will be required until the National Payer Identifier is active.
Valid values: DMH or ADP

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM108	66	**Identification Code Qualifier**	C	ID	1/2	Required

Description: Code designating the system/method of code structure used for Identification Code (67)
Payer identifiers should be used with the following preferences:
(PI) Payer ID

Code	Name
PI	Payer Identification

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	C	AN	2/80	Required

Description: Code identifying a party or other code
Industry: *Payer Identifier*
Valid values:
01 - DMH, Mental Health Services
20 – ADP, Non-perinatal Services
25 – ADP, Perinatal Services

ExternalCodeList
Name: 121
Description: Health Industry Identification Number
ExternalCodeList
Name: 245
Description: National Association of Insurance Commissioners (NAIC) Code
ExternalCodeList
Name: 540
Description: Health Care Financing Administration National PlanID

Syntax Rules:

1. P0809 - If either NM108 or NM109 is present, then the other is required.

2. C1110 - If NM111 is present, then NM110 is required.

Semantics:
1. NM102 qualifies NM103.

Notes:
1. Payers with multiple locations or multiple lines of business may require that the payer name be completed.

Example:
NM1*PR*2*ADP*****PI*20~
NM1*PR*2*DMH*****PI*01~

Loop Information Receiver Level

Pos: 010	Repeat: >1
Mandatory	
Loop: 2000B	Elements: N/A

User Option (Usage): Required
Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

Loop Summary:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
010	HL	Information Receiver Level	M	1		Required
050		Loop 2100B	O		>1	Required

HL Information Receiver Level

Pos: 010   Max: 1
Detail - Mandatory
Loop: 2000B
Elements: 4

User Option (Usage): Required
Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HL01	628	**Hierarchical ID Number**	M	AN	1/12	Required

Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure

| HL02 | 734 | **Hierarchical Parent ID Number** | O | AN | 1/12 | Required |

Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to

| HL03 | 735 | **Hierarchical Level Code** | M | ID | 1/2 | Required |

Description: Code defining the characteristic of a level in a hierarchical structure

Code	Name
21	Information Receiver

| HL04 | 736 | **Hierarchical Child Code** | O | ID | 1/1 | Required |

Description: Code indicating if there are hierarchical child data segments subordinate to the level being described

Code	Name
1	Additional Subordinate HL Data Segment in This Hierarchical Structure.

Comments:

1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
2. The HL segment defines a top-down/left-right ordered structure.
3. HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
4. HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
5. HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
6. HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Notes:

1. This entity expects response from the information source.

Example:

*HL*2*1*21*1~*

Loop Information Receiver Name	**Pos: 050** **Repeat: >1** **Optional** **Loop:** **Elements: N/A** **2100B**

User Option (Usage): Required
Purpose: To supply the full name of an individual or organizational entity

Loop Summary:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
050	NM1	Information Receiver Name	O	1		Required

NM1　Information Receiver Name

Pos: 050	Max: 1
Detail - Optional	
Loop: 2100B	Elements: 8

User Option (Usage): Required
Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required

Description: Code identifying an organizational entity, a physical location, property or an individual

Code	Name
41	Submitter

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required

Description: Code qualifying the type of entity

Code	Name
2	Non-Person Entity

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM103	1035	**Name Last or Organization Name**	O	AN	1/35	Required

Description: Individual last name or organizational name
Industry: *Information Receiver Last or Organization Name*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM104	1036	**Name First**	O	AN	1/25	Situational

Description: Individual first name
Industry: *Information Receiver First Name*
The first name is required when the value in NM102 is '1' and the person has a first name.

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM105	1037	**Name Middle**	O	AN	1/25	Situational

Description: Individual middle name or initial
Industry: *Information Receiver Middle Name*
Required if additional name information is needed to identify the information receiver.
Recommended if the value in the entity type qualifier is a person.

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM107	1039	**Name Suffix**	O	AN	1/10	Situational

Description: Suffix to individual name
Industry: *Information Receiver Name Suffix*
Required if additional name information is needed to identify the information receiver.
Recommended if the value in the entity type qualifier is a person.

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM108	66	**Identification Code Qualifier**	C	ID	1/2	Required

Description: Code designating the system/method of code structure used for Identification Code (67)

Code	Name
XX	Health Care Financing Administration National Provider Identifier

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	C	AN	2/80	Required

Description: Code identifying a party or other code
Industry: *Information Receiver Identification Number*
If NM108 = XX, specify NPI.

ExternalCodeList
Name: 537

Description: Health Care Financing Administration National Provider Identifier

Syntax Rules:

1. P0809 - If either NM108 or NM109 is present, then the other is required.

Semantics:

1. NM102 qualifies NM103.

Notes:

For DMH: This is the County requesting to receive the status information.
For ADP: This is the County or Direct Provider requesting to receive the status information.

Example:

NM1*41*2*XYZ SERVICE*****XX*1222222221~

Loop Service Provider Level

Pos: 010	Repeat: >1
	Mandatory
Loop: 2000C	Elements: N/A

User Option (Usage): Required
Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

Loop Summary:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
010	HL	Service Provider Level	M	1		Required
050		Loop 2100C	O		>1	Required

HL   Service Provider Level

Pos: 010   **Max: 1**
Detail - Mandatory
Loop: 2000C   **Elements: 4**

User Option (Usage): Required
Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HL01	628	**Hierarchical ID Number**	M	AN	1/12	Required

Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HL02	734	**Hierarchical Parent ID Number**	O	AN	1/12	Required

Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HL03	735	**Hierarchical Level Code**	M	ID	1/2	Required

Description: Code defining the characteristic of a level in a hierarchical structure

Code	Name
19	Provider of Service

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HL04	736	**Hierarchical Child Code**	O	ID	1/1	Required

Description: Code indicating if there are hierarchical child data segments subordinate to the level being described

Code	Name
1	Additional Subordinate HL Data Segment in This Hierarchical Structure.

Comments:

1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
2. The HL segment defines a top-down/left-right ordered structure.
3. HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
4. HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
5. HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
6. HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Notes:

To identify dependencies among and the content of hierarchically related groups of data segments

Example:

*HL*3*2*19*1~*

Loop Provider Name

Pos: 050	Repeat: >1
	Optional
Loop: 2100C	Elements: N/A

User Option (Usage): Required
Purpose: To supply the full name of an individual or organizational entity

Loop Summary:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
050	NM1	Provider Name	O	1		Required

NM1 Provider Name

User Option (Usage): Required
Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required

Description: Code identifying an organizational entity, a physical location, property or an individual

Code	Name
1P	Provider

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required

Description: Code qualifying the type of entity

Code	Name
2	Non-Person Entity

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM103	1035	**Name Last or Organization Name**	O	AN	1/35	Required

Description: Individual last name or organizational name
Industry: *Provider Last or Organization Name*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM104	1036	**Name First**	O	AN	1/25	Situational

Description: Individual first name
Industry: *Provider First Name*
The first name is required when the value in NM102 is '1' and the person has a first name.

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM105	1037	**Name Middle**	O	AN	1/25	Situational

Description: Individual middle name or initial
Industry: *Provider Middle Name*
The middle name or initial is required when the value in NM102 is '1' and the person has a middle name or initial.

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM106	1038	**Name Prefix**	O	AN	1/10	Situational

Description: Prefix to individual name
Industry: *Provider Name Prefix*
Required if additional name information is needed to identify the provider of service. Recommended if the value in the entity type qualifier is a person.

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM107	1039	**Name Suffix**	O	AN	1/10	Situational

Description: Suffix to individual name
Industry: *Provider Name Suffix*
Required if additional name information is needed to identify the provider of service. Recommended if the value in the entity type qualifier is a person.

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM108	66	**Identification Code Qualifier**	C	ID	1/2	Required

Description: Code designating the system/method of code structure used for Identification Code (67)

Code	Name
XX	Health Care Financing Administration National Provider Identifier

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	C	AN	2/80	Required

Description: Code identifying a party or other code
Industry: *Provider Identifier*
National Provider Identifier

ExternalCodeList
Name: 537
Description: Health Care Financing Administration National Provider Identifier

Syntax Rules:

1. P0809 - If either NM108 or NM109 is present, then the other is required.

Semantics:

1. NM102 qualifies NM103.

Notes:

This is the billing provider from the original submitted claim.

Example:

NM1*1P*2*HOME MEDICAL*****XX*9876666666~

Loop Subscriber Level

<table>
<tr><td>Pos: 010</td><td>Repeat: >1</td></tr>
<tr><td colspan="2">Mandatory</td></tr>
<tr><td>Loop: 2000D</td><td>Elements: N/A</td></tr>
</table>

User Option (Usage): Required
Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

Loop Summary:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
010	HL	Subscriber Level	M	1		Required
040	DMG	Subscriber Demographic Information	O	1		Situational
050		Loop 2100D	O		1	Required
090		Loop 2200D	O		>1	Required

HL   Subscriber Level

<div>
Pos: 010   Max: 1
Detail - Mandatory
Loop:
2000D   Elements: 4
</div>

User Option (Usage): Required
Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HL01	628	**Hierarchical ID Number**	M	AN	1/12	Required

Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HL02	734	**Hierarchical Parent ID Number**	O	AN	1/12	Required

Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HL03	735	**Hierarchical Level Code**	M	ID	1/2	Required

Description: Code defining the characteristic of a level in a hierarchical structure

Code	Name
22	Subscriber

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HL04	736	**Hierarchical Child Code**	O	ID	1/1	Required

Description: Code indicating if there are hierarchical child data segments subordinate to the level being described

Code	Name
0	No Subordinate HL Segment in This Hierarchical Structure.

Required when there are no dependent claim status requests for this subscriber.

Comments:

1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
2. The HL segment defines a top-down/left-right ordered structure.
3. HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
4. HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
5. HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
6. HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Example:

*HL*4*3*22*0~*

DMG Subscriber Demographic Information

Pos: 040   Max: 1
Detail - Optional
Loop: 2000D   Elements: 3

User Option (Usage): Situational
Purpose: To supply demographic information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DMG01	1250	**Date Time Period Format Qualifier**	C	ID	2/3	Required

Description: Code indicating the date format, time format, or date and time format

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DMG02	1251	**Date Time Period**	C	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times
Industry: *Subscriber Birth Date*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DMG03	1068	**Gender Code**	O	ID	1/1	Required

Description: Code indicating the sex of the individual
Industry: *Subscriber Gender Code*

Code	Name
F	Female
M	Male
U	Unknown

Syntax Rules:

1. P0102 - If either DMG01 or DMG02 is present, then the other is required.

Semantics:

1. DMG02 is the date of birth.

Notes:

1. Required when the subscriber is the patient.

Example:

*DMG*D8*19330706*M~*

Loop Subscriber Name

Pos: 050	Repeat: 1
	Optional
Loop: 2100D	Elements: N/A

User Option (Usage): Required
Purpose: To supply the full name of an individual or organizational entity

Loop Summary:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
050	NM1	Subscriber Name	O	1		Required

NM1   Subscriber Name

<table>
<tr><td>Pos: 050</td><td>Max: 1</td></tr>
<tr><td colspan="2">Detail - Optional</td></tr>
<tr><td>Loop:
2100D</td><td>Elements: 9</td></tr>
</table>

User Option (Usage): Required
Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required

Description: Code identifying an organizational entity, a physical location, property or an individual

Code	Name
QC	Patient

Use this code only when the subscriber is the patient.

NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required

Description: Code qualifying the type of entity

Code	Name
1	Person

NM103	1035	**Name Last or Organization Name**	O	AN	1/35	Required

Description: Individual last name or organizational name
Industry: *Subscriber Last Name*

NM104	1036	**Name First**	O	AN	1/25	Situational

Description: Individual first name
Industry: *Subscriber First Name*
The first name is required when the value in NM102 is '1' and the person has a first name.

NM105	1037	**Name Middle**	O	AN	1/25	Situational

Description: Individual middle name or initial
Industry: *Subscriber Middle Name*
The middle name or initial is required when the value in NM102 is '1' and the person has a middle name or initial.

NM106	1038	**Name Prefix**	O	AN	1/10	Situational

Description: Prefix to individual name
Industry: *Subscriber Name Prefix*
Required if additional name information is needed to identify the subscriber. Recommended if the value in the entity type qualifier is a person.

NM107	1039	**Name Suffix**	O	AN	1/10	Situational

Description: Suffix to individual name
Industry: *Subscriber Name Suffix*
Required if additional name information is needed to identify the subscriber. Recommended if the value in the entity type qualifier is a person.

NM108	66	**Identification Code Qualifier**	C	ID	1/2	Required

Description: Code designating the system/method of code structure used for Identification Code (67)

Code	Name
MI	Member Identification Number

| NM109 | 67 | **Identification Code** | C | AN | 2/80 | Required |

Description: Code identifying a party or other code
Industry: *Subscriber Identifier*

Syntax Rules:

1. P0809 - If either NM108 or NM109 is present, then the other is required.

Semantics:

1. NM102 qualifies NM103.

Notes:

To supply the full name of an individual or organizational entity

Example:

*NM1*QC*1*Sugar*Bear****MI*123456789A~*

Loop Claim Submitter Trace Number

<table>
<tr><td>Pos: 090</td><td>Repeat: >1</td></tr>
<tr><td colspan="2">Optional</td></tr>
<tr><td>Loop: 2200D</td><td>Elements: N/A</td></tr>
</table>

User Option (Usage): Required
Purpose: To uniquely identify a transaction to an application

Loop Summary:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
090	TRN	Claim Submitter Trace Number	O	1		Required
100	REF	Payer Claim Identification Number	O	1		Situational
100	REF	Institutional Bill Type Identification	O	1		Situational
100	REF	Medical Record Identification	O	1		Situational
110	AMT	Claim Submitted Charges	O	1		Situational
120	DTP	Claim Service Date	O	1		Situational

TRN Claim Submitter Trace Number

<table>
<tr><td>Pos: 090</td><td>Max: 1</td></tr>
<tr><td colspan="2">Detail - Optional</td></tr>
<tr><td>Loop: 2200D</td><td>Elements: 2</td></tr>
</table>

User Option (Usage): Required
Purpose: To uniquely identify a transaction to an application

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
TRN01	481	**Trace Type Code**	M	ID	1/2	Required

Description: Code identifying which transaction is being referenced

Code	Name
1	Current Transaction Trace Numbers

Ref	Id	Element Name	Req	Type	Min/Max	Usage
TRN02	127	**Reference Identification**	M	AN	1/30	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
Industry: *Trace Number*
Alias: *Patient Account Number*
This is the number from CLM01 in original transaction and will be returned in 277

Semantics:

1. TRN02 provides unique identification for the transaction.

Notes:

1. This segment is required if the subscriber is the patient. If the subscriber is not the patient do not use this segment, use TRN segment in Loop 2200E.
2. Use this segment to convey a unique trace or reference number from the originator of the transaction to be returned by the receiver of the transaction.
3. The TRN segment is required by the ASC X12 syntax when Loop ID-2200D is used.

Example:

*TRN*1*1722634842~*

REF — Payer Claim Identification Number

Pos: 100	Max: 1
Detail - Optional	
Loop: 2200D	Elements: 2

User Option (Usage): Situational
Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required

Description: Code qualifying the Reference Identification
Examples of this element include ICN, DCN, CCN.
Submit this element if the payer supplied it previously.

Code	Name
1K	Payor's Claim Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	C	AN	1/30	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
Industry: *Payer Claim Control Number*
Unique ID of the claim generated by SD/MC Phase II system.

Notes:

1. Use this only if the subscriber is the patient.
2. This is the payer's assigned control number, also known as, Internal Control Number (ICN), Document Control Number (DCN), or Claim Control Number (CCN). This should be sent on claim inquiries when the number is known.
3. The authors recommend sending this segment on claim inquires when the information is known. It will provide a direct look up key into the payer's adjudication system and will reduce the possibility of returning more claim status information than was intended. For example, when a claim status inquiry is performed and many claims meet the conditions of the inquiry all will be returned. By providing the information within this particular segment the search criteria is narrowed to the specific claim in question.
4. The total number of REF segments in the 2200 Loop cannot exceed 3.

Example:

*REF*1K*9918046987~*

REF Institutional Bill Type Identification

Pos: 100　　　　**Max: 1**
Detail - Optional
Loop: 2200D　　　　**Elements: 2**

User Option (Usage): Situational
Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required

Description: Code qualifying the Reference Identification

Code	Name
BLT	Billing Type

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	C	AN	1/30	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
Industry: *Bill Type Identifier*
Found on UB92 - record 40 - 4
As submitted on the Institutional 837 claim in composite element CLM05.
Found on UB92 paper form locator 4
Required for institutional claims inquiries.

Notes:

1. This segment is the institutional bill type submitted on the original claim. The institutional bill type consists of the two position, Facility Type Code, and the one position, Claim Frequency Code. The payer may use it as a primary lookup key.
2. Only use this segment if the subscriber is the patient and bill type is being sent in the inquiry request in connection with an institutional bill.
3. The total number of REF segments in the 2200 Loop cannot exceed 3.

Example:

*REF*BLT*111~*

REF Medical Record Identification

Pos: 100 **Max: 1**
Detail - Optional
Loop: 2200D **Elements: 2**

User Option (Usage): Situational
Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required

Description: Code qualifying the Reference Identification

Code	Name
EA	Medical Record Identification Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	C	AN	1/30	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
Industry: *Medical Record Number*
Found on UB92 record 20 field 25
As submitted on the Dental, Institutional, and Professional 837
Claim in Medical Record Number segment in REF02 (EA)
Found on UB92 paper form locator 23

Notes:

1. This is the Medical Record number submitted on the original claim and should be sent when available from the submitted claim.
2. Use this only if the subscriber is the patient.
3. The total number of REF segments in the 2200 Loop cannot exceed 3.

Example:

*REF*EA*J354789~*

AMT   Claim Submitted Charges

Pos: 110   **Max: 1**
Detail - Optional
Loop:
2200D   **Elements: 2**

User Option (Usage): Situational
Purpose: To indicate the total monetary amount

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AMT01	522	**Amount Qualifier Code**	M	ID	1/3	Required

Description: Code to qualify amount

Code	Name
T3	Total Submitted Charges

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AMT02	782	**Monetary Amount**	M	R	1/18	Required

Description: Monetary amount
Industry: *Total Claim Charge Amount*

Notes:

1. Required when the subscriber is the patient.
2. Not all payer's systems retain the original submitted charges. This may be a result of bundling/unbundling situations. This amount can be used as a secondary match criteria within the payer's system if the claim has not been changed.

SD/MC patients are always subscribers and therefore this segment is required.

Example:

AMT*T3*75~

DTP Claim Service Date

User Option (Usage): Situational
Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required

Description: Code specifying type of date or time, or both date and time
Industry: *Date Time Qualifier*
Use this element for the dates of service submitted on the original claim.

Code	Name
232	Claim Statement Period Start

This includes the claim statement period end.

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required

Description: Code indicating the date format, time format, or date and time format
If the date is a single date of service, the begin date equals the end date.

Code	Name
RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times
Industry: *Claim Service Period*

Semantics:

1. DTP02 is the date or time or period format that will appear in DTP03.

Notes:

1. Required for institutional claims. The date is the statement from and through date.
2. For professional claims this will be the claim from and through date. If claim level date range is not used then the Line Service Date at Loop 2210D is required.

SD/MC claims are always professional claims, so this will always be the from and through date.

Example:

DTP*232*RD8*19960401-19960402~

SE   Transaction Set Trailer

<table>
<tr><td>Pos: 160</td><td>Max: 1</td></tr>
<tr><td colspan="2">Detail - Mandatory</td></tr>
<tr><td>Loop: N/A</td><td>Elements: 2</td></tr>
</table>

User Option (Usage): Required
Purpose: To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SE01	96	**Number of Included Segments**	M	N0	1/10	Required

Description: Total number of segments included in a transaction set including ST and SE segments
Industry: *Transaction Segment Count*

SE02	329	**Transaction Set Control Number**	M	AN	4/9	Required

Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set
Data value in SE02 must be identical to ST02.

Comments:

1. SE is the last segment of each transaction set.

Example:

SE*34*0001~

GE   Functional Group Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	**Elements: 2**

User Option (Usage): Required
Purpose: To indicate the end of a functional group and to provide control information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GE01	97	**Number of Transaction Sets Included**	M	N0	1/6	Required

Description: Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GE02	28	**Group Control Number**	M	N0	1/9	Required

Description: Assigned number originated and maintained by the sender

Semantics:

1. The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.

Comments:

1. The use of identical data interchange control numbers in the associated functional group header and trailer is designed to maximize functional group integrity. The control number is the same as that used in the corresponding header.

Example:

GE*1*1~

IEA Interchange Control Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required
Purpose: To define the end of an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
IEA01	I16	**Number of Included Functional Groups**	M	N0	1/5	Required

Description: A count of the number of functional groups included in an interchange
Number of functional groups included in this interchange envelope

Ref	Id	Element Name	Req	Type	Min/Max	Usage
IEA02	I12	**Interchange Control Number**	M	N0	9/9	Required

Description: A control number assigned by the interchange sender
A control number assigned by the interchange sender.
Control number should be same as ISA13

Example:

*IEA*1*000000905~*